

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584965

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
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7		/				
8		/				
9		/				
10		2				
11		/				
12		/				
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23	/					
24		/				
25		0				
26		0				
27		0				
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48				/		
49				/		
50				/		
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	22	←		←
TOTAL CLAIMS			23			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
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98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	10	←		←
TOTAL CLAIMS			12			